

TOWN OF INDIAN RIVER SHORES OCCUPATIONAL LICENSE APPLICATION

DATE: _____

BUSINESS: _____

ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: _____

OWNER: _____

COMMERCIAL USE: _____

OWNER SIGNATURE: _____

NOTARY REQUIRED

STATE OF FLORIDA
COUNTY OF INDIAN RIVER

The forgoing document was acknowledged before me this _____ day of _____, 20____, by _____ who is personally known to me or who has produced _____ as identification.

(affix seal)

× _____
Notary Public

EMERGENCY TELEPHONE: _____

DRIVER'S LICENSE: _____

FEDERAL EMPLOYER ID: _____

Or

SOCIAL SECURITY NUMBER: _____

FIRE INSPECTION: _____

RETAIL: _____ SQUARE FEET OF FLOOR SPACE

_____ INVENTORY

RICHARD JEFFERSON
BUILDING OFFICIAL